MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1" AMENDMENT		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DI
1							51						
2		6					52						├
3 4							53 54						╁─
5		-/-					55						+
6		-/-					56						
7		7,					57						
8		7					58	1					
9							59						
10							60						<u> </u>
11							61	ļ					_
12							62	}					├
13							63						┼
14 15							64						┼
16							66	 	 		-		╁╌
17							67	 	 				
18							68	<u> </u>					1
19							69						
20							70						
21							71						
22							72	ļ			ļ	<u> </u>	<u> </u>
23							73	<u> </u>					_
24							74						↓
25						· · ·	75						┾
26 27							76						+
28							. 78			-	<u> </u>		┼
29							79				l		
30							80	†					1
31							81						
32							82						
33			<u> </u>		·		83		<u> </u>			ļ	_
34							84					<u> </u>	↓
35		ļ				ļ	85				 	 	
36 37							86 87	 	 		<u> </u>	}	┼
38				 		 	88	\vdash	 		 		+-
39							89		\vdash	· · · · · ·	 		\vdash
40							90	†	1	·		1	T
41							91		· ·	<u> </u>			Ι
42							92					ļ	
43							93						
44		ļ		ļ		ļ	94	 	ļ		<u> </u>		<u> </u>
45		ļ	ļ	ļ			95	 			ļ	.	
46				ļ			96		 		 	}	\vdash
47	· -	 	 	 		 	97 98	 	 		 	}	+
48 49			l	 			98	 	 	1		 	+
50	<u> </u>			 		 	100	 	 	 	 		+-
OTAL IND.	7	-		4		1	TOTAL IND		1		1		1
OTAL DEP.	1/	(4		←	TOTAL DEP		+		←		•
OTAL JAIMS	(A)						TOTAL CLAIMS						